

BEST AVAILABLE COPY

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)							SERIAL NO. <u>        </u> FILING DATE <u>        </u>	
							APPLICANT(S) <u>                                </u>	
CLAIMS								
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			
	IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1				51	
2	1		1				52	
3		1		1			53	
4		1		1			54	
5		1		1			55	
6		2		2			56	
7		2		2			57	
8		2		2			58	
9		2		2			59	
10		1		1			60	
11		1		1			61	
12		2		2			62	
13		2		2			63	
14		2		2			64	
15		2		2			65	
16		2		2			66	
17		2		2			67	
18		2		2			68	
19		2		2			69	
20		2		2			70	
21		2		2			71	
22		2		2			72	
23		2		2			73	
24		2		2			74	
25	1		1				75	
26		1		1			76	
27	1	1		1			77	
28	1		1				78	
29		1		1			79	
30		1		1			80	
31		1		1			81	
32		1		1			82	
33		1		1			83	
34		1		1			84	
35		1		1			85	
36		1		1			86	
37		1		1			87	
38		1		1			88	
39		1		1			89	
40		1		1			90	
41		1		1			91	
42							92	
43							93	
44							94	
45							95	
46							96	
47							97	
48							98	
49							99	
50							100	
TOTAL IND.	4		4				TOTAL IND.	
TOTAL DEP.	54		54				TOTAL DEP.	
TOTAL CLAIMS	58		58				TOTAL CLAIMS	